




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT TUITION REIMBURSEMENT	POLICY NO. 106.5	EFFECTIVE DATE 03/01/00	PAGE 1 of 5
APPROVED BY  Director	SUPERSEDES	ORIGINAL ISSUE DATE 03/01/00	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish Department of Mental Health (DMH) policy and procedures for providing tuition reimbursement, from available funds, for employee who complete academic courses that meet the objectives of the DMH and the County of Los Angeles in accordance with Title 5 of the County Code, Chapter 5.52.
- 1.2 To implement a Departmentwide program for career development which will attract and retain difficult to recruit professionals, including registered psychiatric nurses, clinical psychologists, and Master degree social workers. These disciplines are essential to current and future DMH operations.
- 1.3 This tuition reimbursement program will remain in effect during such time that the Department deems the program necessary.

POLICY

- 2.1 It is the goal of DMH to:
 - 2.1.1 Provide management with additional tools to increase scientific, technical, professional, and management skills of its employees in order to meet both the present and future needs of the Department.
 - 2.1.2 Equip employees with the knowledge and skills:
 - 2.1.2.1 needed for their present job and to prepare them for near future work assignments;
 - 2.1.2.2 appropriate to the mission of the Department; and
 - 2.1.2.3 appropriate to the employee's own abilities.
 - 2.1.3 Implement a program for career development which attracts and retains, in County service, persons of superior ability and who are difficult to recruit to County service, including social workers, registered psychiatric nurses, and clinical psychologists.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: TUITION REIMBURSEMENT	POLICY NO. 106.5	EFFECTIVE DATE 03/01/00	PAGE 2 of 5
--	----------------------------	--------------------------------------	-----------------------

DEFINITIONS

3.1 ACADEMIC CAREER DEVELOPMENT COURSE is a course that directly relates to the Department's mission and also promotes the academic career development of an employee and potential for advancement and which conforms to the Employee's Academic Development Plan (see Attachment I).

3.1.1 The Employee Academic Development Plan includes a statement of:

3.1.1.1 the employee's academic goals;

3.1.1.2 how the goals further the Department's mission;

3.1.1.3 life or work experience which meet the mental health needs of Los Angeles County's culturally diverse population.

3.1.2 Provide a letter from the University stating that the employee is in good standing;

3.1.3 Secure recommendation for approval of tuition reimbursement by immediate supervisor;

3.1.4 Submit three of the most recent performance evaluations;

3.1.5 Secure recommendation of approval from appropriate Division Chief, Administrative Deputy or Deputy Director;

3.1.6 The documents submitted shall be reviewed for consideration by the Training and Cultural Competency Bureau Tuition Reimbursement Application Review Committee.

3.2 ACADEMIC INSTITUTIONS QUALIFIED FOR TUITION REIMBURSEMENT CONSIDERATION. The following institutions and specific academic programs are eligible for consideration for tuition reimbursement:

3.2.1 Any one of the Los Angeles County graduate schools of social work accredited by the Council on Social Work Education leading to a Masters degree in Social Work (MSW);

3.2.2 Graduate schools of psychology accredited by the Western Association of Schools and Colleges leading to a Psy.D. or Ph.D. in psychology;

3.2.3 Graduate Schools of Nursing accredited by the Western Association of Schools and Colleges leading to a Masters Degree with a specialty in psychiatric nursing.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: TUITION REIMBURSEMENT	POLICY NO. 106.5	EFFECTIVE DATE 03/01/00	PAGE 3 of 5
--	----------------------------	--------------------------------------	-----------------------

- 3.3 REIMBURSABLE COURSES. Courses eligible for tuition reimbursement consideration include those:
- 3.3.1 Required by the university to complete the Masters degree in Social Work, Ph.D., Psy.D. in psychology, or the Masters degree in nursing with a specialty in psychiatric nursing;
 - 3.3.2 Offered by one of the accredited institutions identified in Section 3.2 of this policy.
- 3.4 NUMBER OF EMPLOYEES AVAILABLE FOR REIMBURSEMENT. The Department will consider tuition reimbursement for a limited number of employees for each academic term (quarter or semester). Tuition reimbursement will be considered only for those accredited institutions cited in Section 3.2 of this policy. Available tuition reimbursement positions include:
- 3.4.1 Social Work (MSW):
Up to ten (10) employees per academic term
 - 3.4.2 Psychology (Ph.D./Psy.D.):
Up to five (5) employees per academic term
 - 3.4.3 Nursing (MSN):
Up to five (5) employees per academic term.
- 3.5 ELIGIBLE EMPLOYEES. Because of the limited number of tuition positions available, employees may have to compete for tuition reimbursement. The Department will consider the following list of factors in determining tuition reimbursement to employees who have submitted complete, proper and timely documentation as outlined below.
- 3.5.1 Written verification by the academic institution that the student is in good standing with the MSW, Ph.D., Psy.D., or R.N. program for which tuition reimbursement is being applied;
 - 3.5.2 Must be a current full-time DMH employee;
 - 3.5.3 Current and past three DMH performance evaluations;
 - 3.5.4 Ability to meet the mental health needs of Los Angeles County's culturally diverse population as evidenced by life or work experience;
 - 3.5.5 Proficiency in speaking a threshold language(s) of Los Angeles County, including Spanish, Vietnamese, Cantonese, Cambodian, Armenian, Russian, Tagalog, and Korean, as verified by DMH Human Resources Bureau;



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: TUITION REIMBURSEMENT	POLICY NO. 106.5	EFFECTIVE DATE 03/01/00	PAGE 4 of 5
--	----------------------------	--------------------------------------	-----------------------

- 3.5.6 Length of service as an employee of the County of Los Angeles;
- 3.5.7 Ineligibility as a veteran for tuition reimbursement by the Federal government and/or the State of California or any other governmental institution, unless these sources are first completely exhausted;
- 3.5.8 The employee shall take the training on his/her own time, unless the interests of the Department, as determined by the Department head, require otherwise in accordance with the training policy of the Department.

REIMBURSEMENT GUIDELINES

- 4.1 When, and if, funds are available, the Department will approve an eligible employee for reimbursable courses when he/she has completed and had approved:
 - 4.1.1 the application before taking the course (See Section 5.1);
 - 4.1.2 the claim after taking the course with attached proof of cost (See Section 5.2)
- 4.2 An employee is eligible for reimbursement for a maximum of two courses which together total no more than eight units of credit per semester or quarter;
- 4.3 Reimbursement is for tuition costs only, reimbursement is not allowed for books, supplies, parking or other incidental expenses;
- 4.4 The eligible employee who terminates employment with the County within one year of the date of the completion of the reimbursed course(s) shall return the amount of such reimbursement to the Department. This amount may be deducted from the terminating employee's last salary warrant.

PROCEDURAL GUIDELINES

5.1 APPLICATION PROCESSING

- 5.1.1 The employee must complete the "Application for Tuition Reimbursement" (Attachment II) and have the application approved by the immediate supervisor, District/Division Chief, and Deputy Director;
- 5.1.2 The employee will then forward the approved application to the Training and Cultural Competency Bureau at least four (4) weeks prior to the beginning of the course;



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: TUITION REIMBURSEMENT	POLICY NO. 106.5	EFFECTIVE DATE 03/01/00	PAGE 5 of 5
--	----------------------------	--------------------------------------	-----------------------

- 5.1.2 The employee will submit written documentation from the qualified University stating that the student is currently enrolled in the MSW, Ph.D./Psy.D., or MSN program and is in good standing;
- 5.1.4 The Training and Cultural Competency Bureau will verify the availability of funds for tuition reimbursement in the annual budget and notify the District/Division Chief that the application meets criteria for approval or denial;
- 5.1.5 The District/Division Chief will notify the employee of the approval or denial of the application;
- 5.1.6 The employee will pay for and attend the course(s).

5.2 CLAIMS PROCESSING

- 5.2.1 Upon completion of the approved course(s), the employee will submit a signed "Claim for Tuition Reimbursement" (Attachment III) within twelve (12) weeks of completion of the course(s) to the Training and Cultural Competency Bureau, attaching the following list of required documents:
 - 5.2.1.1 Proof of payment (receipt of tuition payment);
 - 5.2.1.2 Grade report showing a grade of "C" or better or "pass" if a pass/fail course(s).
- 5.2.2 The Training and Cultural Competency Bureau Division Chief will forward to the Accounting Division the approved "Claim for Tuition Reimbursement" for payment";
- 5.2.3 The Accounting Division will process the reimbursement claim.
- 5.2.4 The employee will receive reimbursement within thirty (30) calendar days after the Accounting Division receives a valid claim.

AUTHORITY

Title 5, County Code, Chapter 5.52
Department of Mental Health Policy

ATTACHMENTS

Attachment I	Employee Academic Development Plan
Attachment II	Application for Tuition Reimbursement
Attachment III	Claim for Tuition Reimbursement

Los Angeles County Department of Mental Health

EMPLOYEE ACADEMIC DEVELOPMENT PLAN

[Must be completed prior to taking academic career development course(s)
as required by Tuition Reimbursement Policy, Sections 3.2, 3.4 and 4.2]

Please submit this form to the Training and Cultural Competency Bureau with Parts I, II and III completed.

PART I

Name: _____ Employee No: _____

Program: _____ Title: _____

DMH Telephone No: _____ E-mail: _____ Fax: _____

No. of months as a DMH employee: _____

Attach a personal statement which includes the following:

- 1) State your academic goals for which you are requesting tuition reimbursement from DMH (e.g., academic degree you will pursue)
- 2) State how these goals further the mission of the Department of Mental Health
- 3) Life or work experience which meet the mental health needs of Los Angeles County's culturally diverse population.

Provide letter from University stating you are in good standing with the MSW, Ph.D/Psy.D., or MSN Program

Signature of Employee

Date

PART II TO BE COMPLETED BY IMMEDIATE SUPERVISOR

I recommend this employee for tuition reimbursement and submit three most recent performance evaluations for years _____, _____, _____

Signature of Supervisor

Date

PART III TO BE COMPLETED BY APPROPRIATE DIVISION CHIEF, ADMINISTRATIVE DEPUTY OR DEPUTY DIRECTOR

I recommend this employee for tuition reimbursement.

Signature of Chief/Deputy Director

Date

PART IV TO BE COMPLETED BY THE TRAINING AND CULTURAL COMPETENCY BUREAU

Application is _____ approved _____ not approved

Justification: _____

Signature of Bureau Chief, Chair

Tuition Reimbursement Application Review Committee

Date

Los Angeles County Department of Mental Health

APPLICATION FOR TUITION REIMBURSEMENT
[should be completed prior to taking course(s)]

Please submit this form to the Training and Cultural Competency Bureau with Parts I, II and III completed.

PART I TO BE COMPLETED BY APPLICANT

Name: _____

Program: _____ Title: _____

Telephone No. _____ E-Mail _____

Course No. _____ Course Title: _____

School: _____

Course Dates: _____ Fees: _____

Course Description:

How do you plan to apply the information acquired in this course to your present job duties?

I certify that I am not eligible for reimbursement under any other government program.

Signature of Employee Date

PART II TO BE COMPLETED BY SUPERVISOR

I further recommend that this employee's application be approved.

Signature of Supervisor Date

PART III TO BE COMPLETED BY DISTRICT/DIVISION CHIEF

I recommend that this employee's application: _____ be approved _____ not be approved

Signature of District/Division Chief or Deputy Director Date

PART IV TO BE COMPLETED BY TRAINING AND CULTURAL COMPETENCY BUREAU

Application is _____ approved _____ not approved for reimbursement.

Signature of Bureau Chief Date

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CLAIM FOR TUITION REIMBURSEMENT

[should be completed after taking course(s)]

Please submit this form to the Training and Cultural Competency Bureau with Parts I and II completed. Attach a copy of: (1) proof of payment of all course fees; and (2) evidence of having attained a grade of "C" or better in the course.

PART I TO BE COMPLETED BY APPLICANT

Name: _____ Employee No. _____

Program: _____ Title _____

Course No.: _____

Course Title: _____

School: _____

Course Dates: _____

Number of Units: _____ Type of Unit: semester _____ quarter _____ other (specify) _____

Fees: _____

Amount to be reimbursed: \$ _____

I request reimbursement of fees that I paid for the above course. I understand that if I terminate my employment with the County of Los Angeles within one year after the completion of this course, I shall be required to return the full amount of reimbursement to the Department of Mental Health.

I certify that I am not eligible for reimbursement under any other government program.

Signature of Employee_____
Date**PART II TO BE COMPLETED BY DISTRICT/DIVISION CHIEF**

I recommend that this employee's claim be approved for reimbursement based upon: (1) proof of payment of all course fees; and (2) evidence of having attained a grade of "C" or better in the course.

Signature of District/Division Chief_____
Date**PART III TO BE COMPLETED BY TRAINING AND CULTURAL COMPETENCY BUREAU**

Claim is _____ approved _____ not approved for reimbursement

Justification: _____

Signature of Division Chief_____
Date